PLACE OF DEATH	00563 STATE OF MARYLAND
County & and	CERTIFICATE OF DEATH
1	Registration Dist. No. 162
Village or City fluxungs (No.	St.: Ward) (If death occurred in a hospital or institu- tlon, give its NAME in- stead of street and
2FULL NAME Malfy 13 11	tungle stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wale White (Write the word)	2 16 DATE OF DEATH 3, 1923/ (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1931 to 1931, 1931, that I last saw h 44 alive on 1931
7 AGE [If LESS than	and that death occurred on the date stated above, at 1:30 Pm.
yrsmos/3 ds. ormin.?	
6 OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration)yrsmosde,
9 BIRTHPLACE (State or country)	Contributory Secondary (Durstign) yrs mgs ds.
FATHER RUSSELL Bittinger	(Signed) / / / Over Mp.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER VELVA Wilt	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death?
(Informant) Wir Melson West	Former or usual residence
(Address) Jenning Med	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL
Filed Jam 13 1931 DH Registrar	you Winderberg Grantwill
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, should be used only when necded. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reworked on may form part of the second statement report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory. stated unless important. approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-"" "Weakness," etc., when a definite disease Chronic valvature rephritis, etc. The contributory Example: Measles (disease Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	PLACE OF DEATH	00564 STATE OF MARYLAND
N	County 1 Janell	CERTIFICATE OF DEATH
	0, +-10	Registration Dist. No. 162
	Village or City J saulsvilleNo.	St: Ward) (If death occurred in a hospital or institution, give its NAME is
tificat	2FULL NAME Janas J. B.	lacky, stend of street and number.)
Cer	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
back of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2 , 1925 / (Month) (Day) (Year)
ב	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Lattended the deceased from
8	Heb- 60 1831	Mar 12 1923 00 Bu 2 , 192
lon	(Month) (Day) (Year)	that I last saw h smalive on sau 1 , 1923.
not	7 AGE If LESS than	and that death occurred on the date stated above, at bioo fim,
str	99 yrs. 10 mos. 27 ds. or min.?	The CAUSE OF DEATH * was as follows:
2	yrs. / ds. or min.	9 Moure Mysacidelig
See	(a) Trade, profession or particular kind of work	
	(b) General nature of industry	**************************************
tan	business, or establishment in which employed or (employer)	(Duration)yrsds.
por	9 BIRTHPLACE	Contributory Secondary
<u>E</u>	(State or country)	(Durstion)ds,
r,	10 NAME OF	(Signed) M. H. H. Levis M. D.
3 /6	FATHER John Blackey	pa 4 1931 (Address) Assautsville
2	II BIRTHPLACE OF FATHER	1
0	Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
ZAT	of MOTHER Wistena Livingon	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
2	13 BIRTHPLACE OF MOTHER	At place In the
5	(State or Country)	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
5	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
len.	(Informant) Elwer Beachy	usual residence
316	(Address) & santaville	Madde State of Burial or REMOVAL DATE OF BURIAL
919	15 2 6 24/0:1	ZO UN DERTAKER ADDRESS
	Filed fam 5 1951 OTT Wills Registrar	you Winterberg Granteville
	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is necesbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. r," etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")



approved by Committee on Nomenclature of the "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. Example: Measles (disease American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease, etc. The contributory

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Peal-Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) cugineer, Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebroapinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever '(never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a dcfinite disease stated unless important. telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need Chronic interstitial nephritis, American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway train-Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-Chronic valvular heart disease Example: Mcasles (disease etc. The contributory not be

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2

PLACE OF DEATH	STATE OF MARYLAND
County Caleland Carrett Co	CERTIFICATE OF DEATH
	Registration Dist. No. 166
Village or City O aleland (No.	
Village or City Valetaur (No	St.: Ward) (If death occurred it a hospital or institution, give its NAME it stend of street and
2FULL NAME WWW 120000	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. X OR DIVORCED	16 DATE OF DEATH Jaumy 2, 1981
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That 1 attended the deceased from
(Mo)(h) (Day) (Year)	that 1 last saw harmlive on four 2, 1931
7 AGE If LESS than	and that death occurred on the date stated above, at 1/30 pm m
l dayhrs.	The CAUSE OF DEATH * was as follows:
yrs. 5 mos. 1 ds. or min.?	
a OCCUPATION (a) Trade, profession or	inspelas
particular kind of work (b) General nature of industry	
business, or establishment in	(Duration) yrs mos / 4 ds
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
I 10 NAME OF Yarrett Co, Varyland	(Duration) yrsds
FATHER Dead Bowsen	(Signed) M. B.
O II BIRTHPLACE OF FATHER	Jan 3 197 (Address) Officer 1/1
Z (State or country) Garrett, Wal	*State the l'iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Elinabeth Sweets er	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place - In the
(State or Country)	of deathyrsmosds Stateyrsmosds Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
and the last of the same of th	Former or usual residence
(Informant) WW WW	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) UMUCUU, MX	Careland / a law 5, 1931
15 Filed Jan 6 1931 Julia Rodan	COUNDERTAKER Q O A PAPESSI I
Registra	mory Joldin, Variand
If more blanks are needed, addre.s Ltate Negistran	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census ɛnd American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necestion applies to each and every person, irrespective cf eupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coul mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an Civil engineer, Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, (b) Grocery; eman, (b) Automobile factory. The material specifically the occupations of persons en-Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomolive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Fneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed.

data is essential and must be obtained before the certificate is

answered in detail, it will prevent further correspondence.

If this certificate is looked over thoroughly and all questions

st_ted unless important. Example: Measles (disease "E:haustion," "Heart "Aurus," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (seeondary), use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, etc. The contributory (name origin; "Caneer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on telanus) may be stated under the head of "eontributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondar) or intercurrent) affection need not be American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was underperilonaeum, ete., Carcinoma, Sarcoma, ete., of FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart disease; Nomenclature of the

PLACE OF DEATH	STATE OF MARYLAND
County Tarrett	CERTIFICATE OF DEATH
K.L	Registration Dist. No.
Village or City Milynulla (No.	St.: Ward) (If death occurred a hospital or instit tion, give its NAME i
2 FULL NAME John Soury	stead of street as number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wale 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH AU. 27, 198/
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decemed fro
Sec 24 , 1/8	99 Jan 24 103/10 Jan 27, 103/
(Month) (Day) (Yes	
2 / 0 day	
yrsds. orm	inn.
(a) Trade, profession or particular kind of work Coul Muner	i wyman y m
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. mos. A
9 BIRTHPLACE (State or country)	Contributory Secondary
1 10 NAME OF	Quration) yrs mos,
FATHER Grank Dongenso	(Signed) M. J. Signed M. Signed
OF FATHER	Jul. 1/1921 (Address) Beauer 201
(State or country) Reliminar	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME AM 19 10 . howeker to	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residenta)
OF MOTHER NO IN ALT ALAM	At place In the of death yra
(State or country)	Where was disease contracted, if not at place of dea.h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) My Wolothees	usual residence
(Address) It of miller lan	of Ealla A 1 2 com la 19 8
	2D UNDERTAKER ADDRESS
15 Filgan 28 1928/ a & Barrick	(840 E 810, 1 las 8/2:08)

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balty., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as Al school, or At home. Care should be taken definite salary), may be entered as Housewife, House laborer, Form laborer. Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesmon, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kiud of work and also (b) the Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, tion applies to each and every person, irrespective of or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day Locomotive engineer, Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup") ed term for the same disease. Examples: Cerebros pinal to time and causation), using always the same accept-EALS CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> American Medical Association.) tetanus) may be stated under the head of "contributory." approved by Committee on "PUERPERAL seplicaemia," "PUERPERAL perilonilis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection Chronic interstitial nephritis, use of "Tumor" (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; for malignant neoplasms); Measles; Chronic etc. The contributory volvular heart Nomenclature of the need discase; not be

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this dertificate is looked over thoroughly and all questions

permanently filed.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Solesmon. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, laborer, Farm loborer, Laborer-Cool mine, etc. Women at home, who are engaged in the duties of the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons enor At Home, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation that fact may be indicated thus; Farmer (rewithout more precise specification as Doy Stationory firemon, etc. and children, not gainfully em-But in many House-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia");

(Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." approved by Committee on American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, actident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuny "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Uraemia, "Ethaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as " "Weakness," etc., when a definite disease or intercurrent) Chronie Example: Measles (disease affection need not be etc. The contributory volvular heort Nomenclature Measles; discose;

If this certificate is looked over thoroughly and a'l qu stions can wered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

HYSI-Exact PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH ssifled. Registration Dist. No. St.: Ward) (If death occurred in a hospital or institu-tion, give Its NAME Inproperly class stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE. 16 DATE OF DEATH MARRIED WIDOWED, may b OR DIVORCED (Write the word) HEREBY CERTIFY, That attended the deceased 6 DATE OF BIRTH 1934 . to. instructions that ы (Month) (Day) (Year) and that death occured on the date stated above, at IIf LESS than 7 AGE I day hrs. terms SERVED ds. or min.? 8 OCCUPATION See (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in importa (Duration)yre. which employed or (employer) Contributory MARGIN BIRTHPLACE Secondary EAT eq (State or country) 0 10 NAME OF LL. 0 SPOR 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether S Z Z (State or country \Box 0 Accidental, Suicidal or Homicidal. œ 18 LENGTH OF RESIDENCE (For Hospitale, Institutions, Trans-0 0 ients or Recent Residents) 13 BIRTHPLACE In the At place of death State yrs mos (State or country) Where was disease contracted, if not at place of death?... shot Every Item CIANS sho statement Former or usual residence. DATE OF BURIAL LACE OF BURIAL OR REMOVAL If more blanks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). business, that fact may be indicated thus; Farme state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in doinestic service for wages, as Servant, Cook, er," etc., without more record mine, etc. laborer Farm laborer, Laborer—Coal mine, etc. Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write Nonc. Housenwild, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Mever return 'Laborer,'" 'Foreman," "Manager." 'Penl-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully without more precise specification as Day who are engaged in the duties of the For persons who have no occupation Salesman, (b) Gracery; Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synchym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid use of "Croup");

> American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Qld Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease inges, peritonacum, etc., Carcinoma, as fracture of skull, and consequences (e. g., separs, carbolic acid-probably suicide. The nature of the injury, accident; Rowlver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping Examples: Accidental drowning; Struck by rollway train-.... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary) interstitial nephritis, etc. cough; or intercurrent) Committee on Chronic. valvular heart disease; affection need Nomenclature The Sarcoma,, etc., of contributory not be

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7. S. No. 1

PLACE OF DEATH County Garett	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Sugmille (No	St.: Ward) (If death eccurred in a hospital cr institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, WIDOWED, OR DIVORCED (Writs the word) Single	16 DATE OF DEATH 2 , 193 / (Month) (Day) (Year)
September 12, 1851 (Month) (Day) (Ysar)	17 I HEREBY CERTIFY, That I attended the deconsed from 1928 to Jan 1931, that I last saw h Malive on Jan 7 1931,
7 AGE If LESS than I day	The CAUSE OF DEATH * was as follows;
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Chr. Interstituse rephritis + Nypertensis
business, or establishment in which employed or (employer) BERTHPLACE (Stats or country)	Contributory Seculity
10 NAME OF Henry Hamill 11 BIRTHPLACE OF FATHER 11 BIRTHPLACE OF FATHER	(Signed) A. T. July M. D. M. D
Z (Stato or country) I reland 12 MAIDEN NAME OF MOTHER Hazenbaker 13 BIRTHPLACE	*State the Disease Causing Death, or, in deaths from Violant Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homleidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
OF MOTHER (State or country) Many Lunce 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
(Informant) LC / Lulani (Address) Nitz miller Md.	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL A mill Cenertary Fam /3 193/
Filed Per 2 1921 all Registra	Offict Sharpless Blaine W

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more, Laborer—Coal mine, etc. Spinner, (b) Cotton mill; (a) Salesman. tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, ('nat, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer,' "Foreman," "Manager." "Fealnature of the business or industry, and therefore an Civil engineer. Physician, Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emknow (a) the kind of work and also (b) the yrs). without more precise specification as Day Compositor, For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile If the occupation has been changed Architect, factory. The material Locomotive (b) The quesengineer, Grocery; Wom-

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"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephrilis, etc. American Medical Association.) (Recommendations on statement of cause of eurholic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Paisoned by Examples: Accidental drowning; Struck by railway trein or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Whooping (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY by cough; Committee on Nomenclature Chronic Carcinoma, Sarcona. Example: Measles (disease valvular heart The contributory Measles; discuse; etc., of

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BUREAU

V

CIANS—should statement of

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No. 1

V. S.

TYSI- Exact		PLACE OF DEATH
E E	1	County Same
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assi e.	Vil	lage or City New Yark
be stated EXACTLY be properly classifie k of certificate.		² FULL NAME
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AT	9 E	(State or country)
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CAU	RENTS	(State or country) 12 MAIDEN NAME
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13 BIRTHPLACE OF MOTHER (State or Country) (No.

5 SINGLE, MARRIED,

ICAL PARTICULARS

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If LESS than I day hrs

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: War	(If death occurred	
	tion, give its NAME i	r-
	stead of street as	nd

number.)

	MEDIC	AL CERT	IFICATI	E OF DE	ATH	
16 DATE O	F DEATH	Jan		19	, 193	3/
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If more banks are needed, addre.s tate Registrar, 16 W. Saratoga St., Bulto., Requesting V. S. No. 1.

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Strtement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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ord state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact of OCCUPATION is very important. See instructions on hack of certificate. CORD L MARGIN RESERVED FOR BINDING TH UNFADING INK--THIS IS A PERMA! N. BI Every lear CIANS GO Statement of V. S. No. 1

PLACE OF DEATH	06573	STATE OF MARYLAND
County		CERTIFICATE OF DEATH
2. Q I a	97)	Registration Dist. No. / 6 2
Village or City Man / You for A Mount.		St.: Ward) (If death occurred is a hospital or institution, give its NAME is stead of street annumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIO	CAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED	16 DATE OF DEATH	Jan 16 , 1934
Male White (Write the word) idowed	***************************************	(Month) (Day) (Year)
NOV. 9-1837	17 I HEREB	Y CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw hate	alive on 1024 25 , 192/
7 AGE If LESS than	and that death occu	erred on the date stated above, at 2:30 4 m
99 yrs. 2 mos. 2 ds. or min.?	The CAUSE OF DEA	TH * was as follows:
99 yrs. mos. ds. or min.?		
(a) Trade, profession or	12 her	less.
(a) Hade, profession of		
particular kind of workRetired frmer.	arterio seleno	ais: 10 years! Curg B.
harticular kind of work Ratired frmer (b) General nature of industry business, or establishment in which employed or (employer)	artorio seleño	(Durstion) yrs. mos. de
particular kind of work Recipied Temoral (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory Secondary	(Durstion)yrsmosds
particular kind of work Retired framer. (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Somerset Co Fa.	Secondary	(Durstion) yrs. mos ds
particular kind of work Rotined Termer. (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Somerest Co Fa.	Secondary (Signed)	(Durstion) yrs mos ds
particular kind of work Ratired former. (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Somerest Co Fa.	Secondary (Signed) 77 - 192	(Durstion) yrs mos de
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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer—Coal mine, etc. Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Furner wreor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day specifically the occupations of persons en-For persons who have no occupation (b) Automobile factory. The (a) the kind of work and also (b) the material Grocery; Wom-

Statement of Cause of Death—Name, first, the his-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrespinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); "Exhaustion," "Marasmus," "Old Age, Chronic interstitial nephritis, telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions; such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway train-American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic The nature of the injury, etc. valvular heart The contributory " Shock, Measles; disease; death as

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PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

	07,			000
Village or	City lear	Dear	Cor(No.	1111

Ward)

(if death occurred in a hospital or institu-tion, give its NAME is stead of street and number.)

ADDRESS

2FULL NAME

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Maried, Wille Write the word) 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw handlive on Me 2 2, 3, 192,
7 AGE [If LESS than	and that death occurred on the date stated above, at
8 / yrs. 10 mos. 26 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Arton Delevan
(b) General nature of industry	64: - 20: - 1: 00: 00: 00: 00: 00: 00: 00: 00: 00:
business, or establishment in which employed or (employer)	(Duration)yrsmosds,
BIRTHPLACE (State or country)	Contributory Secondary (Duration) yis
10 NAME OF FATHER Jacces May le	(Signed) Acceptance M. D. Jan 1921 (Address) Care M. D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Juson Mustray	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yra mos ds. In the State yrs mos ds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) albert 7/1 May Le	Former or usual residence
(Address) Deer Derie Md	March Carrelesso May 18. 1936

20 UNDERTAKER

If more blanks are needed, addre.s Ltate Negistrar, 16 W. Saratoga St., Balto., Requesting 4. S. No. 1.

f Information should be carefully supplied. ACE should be stated EXACTLY, Pidebook CAUSE of DEATH in plain terms so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate. WRITE PL

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(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH. household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (6)

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros in in al meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "E.haustion," "Heart failure," "Ifaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomst_ted unless important. use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Nomenclature ChronicExample: Measles (disease etc. The contributory valvular heart not be disease;

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PLACE OF DEATH	STATE OF MARYLAND
County 4 WW	CERTIFICATE OF DEATH
Mear Dear Paris	Registration Dist, No. / 6 7
Village or City 100	St.: Ward) a (Ir dearn occurrent occ
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
euelle While Single. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Y
6 DATE OF BIRTH May (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the decease 1981 to 1981
7 AGE (North) (Day) (Year) 1 dayhrs	and that death occurred on the date stated above, at
Tyrs. mos. ds. or min. 8 OCCUPATION (a) Trade, profession or facuatous for min. Barticular kind of work	Chromic My & corder
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos.
9 BIRTHPLACE (State or country) Cutley Ohio	Contributory Secondary (Duration) yrs mos
10 NAME OF FATHER Hubband Com	(Signed) (Address) Oaklow
OF FATHER Z (State or country) OUT Current Current	*State the Disease Causing Death, or, in deaths f Violent Causes, state (1) Means of Injury and (2) Whe Accidental, Suicidal or Homicidal.
OF MOTHER OF MOTHER	10 LINGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) allers Fair Mar	19 PLACE OF BURIAG OR REMOVAL DATE OF BURIAGE OF BURIAG
Filed Jaw 2 19230 allie Miles Begistra	20 UNDERTAKER BOLDER OAKlow
	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. lired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. ," etc., Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise, specification as Day For persons who have no occupation (a) the kind of work and also (b) the (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Jiphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia");

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Example: Measles (disease (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menletanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping cough; approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, State cause for which surgical operation was under-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic etc. The contributory valvular heart not be disease;

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BINDIN RESERVED MARGIN

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Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

whatever, write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal
fever (the only definite synonym is "Epidemic cerebros
spinal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease (telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic valvular heart disease; etc. The contributory

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BINDING

RESERVED FOR

MARGIN

V. S. No. 1

PLACE	OF DEATH		STATE OF MARYLAND
County	aut		CERTIFICATE OF DEATH Registration Dist. No.
	L NAME HIGH		St.: Ward) (If death occurred is a hospital or institution, give its NAME in stead of street an number.)
PERSON	NAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
zerale	4 COLOR OR RACE	5 SINGLE, MARRIED, Angle WIDOWED. OR DIVORCEO (Write the word)	16 DATE OF DEATH (201. 26, 193) (Year)
6 DATE OF BIR	Jan (Month	/ 6 , 1.98/	··· // OA: 1/4 2 /O .3/
7 AGE	yrs.	mos. / 0 ds. If LESS the	s. The CAUSE OF DEATH * was as follows:
(b) General na	ofession or d of work ature of industry stablishment in		(ardise Momaly Congludal)
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10 NAME OF FATHER	Malven	Es Shayples	(Signed) a. 7 Filler M. Jan. 27 181 (Address) Blains W
Z (State of	country) Riff	miller Ind	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTH	IER Sua	Harver	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)
of MOTH (State or		miller ma	At place of deathyrsmosds. Stateyrsmosd
	Marve		Where was disease contracted, if not at place of dea.h? Former or asual residence
(Informant	(css) /Lilyn		19 PLACE OF BURIAL OR REMOVALD Hamell cemelary Milymiller and Jan 27. 198
15 Filed Jan	27 100/G	H Daniel	Bypa I Sharpless Blame you
/	If more bianks ar	e needed, addre.s State Regist	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Formet (reloborer, Farm loborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthto report specifically the occupations of persons en-Civil engineer, Physician, Compasitor, Architect, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocetc., especially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Doy For persons who have no occupation Stotionary fireman, etc. Locomolive engineer, But in many

Strtement of Cause of Death—Name, first, the Disease of vusing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronolopneumonia ("Pneumonia,"

tclanus) may be stated under the head of "contributory." "(Exhaustion," Heart Langue, "Old Age, "Inanition," "Marasmus," "Old Age, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stited unless important. Example: Measles (disease American Medical Association.) approved by Committee on Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n ture of the injury, occident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Caneer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Corcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condi intercurrent) Chronic etc. valvular heart diseose; affection need not be Nomenclature The contributory Measles ;

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1931

N. B

m

PLACE OF DEATH	00578 STATE OF MARYLAND
County Sasself	CERTIFICATE OF DEATH /
POP	82-2 Registration Dist. No.
Village or City O OCh Agus No.	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Philip Harpe	tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH (Moath) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Attended the deceased from
(Month) (Day) (Year)	that I last saw hear alive on and 10, 1951,
7 AGE If LESS than	and that death occurred on the date stated above, at 65 9 Am.
10 I dayhrs.	The CAUSE OF DEATH * was as follows:
b yrs. / mos. / ds. or min.?	
(a) Trade, profession or Alaman particular kind of work	Carend Herry
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) vis. mos da.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER TO DE TO	(Signed) 7. Downless M. D.
II BIRTHPLACE	Jan (2 192) (Address) Warland md
OF FATHER (State or country) OF FATHER (State or country)	*State the Piscase Causing Death, or, In deaths from Violent Causes, state (1) Means of lajury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sarah Autacley	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, it not at place of dea h?
MA PA	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) & BCK regul, Ma	Lower Clu, Jan 14, 193/
15 Filed on 13 1931. July Cowan	20 UNDERTAKER ADDRESS
Registrai	Gurray N. Holder Carland
If more b.anks are needed, addre.s ttate Negistrar	, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1,

(Approved by U. S. Census 2nd American Public Health Association.)

work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken the first line will be sufficient, e.g., Farmer or Planler, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Houseer," etc., without more process. The laborer, Farm laborer, Laborer—Coal minc, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Wom-laborer, Farm laborer, Laborer, Laborer, the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of: the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a en at bome, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many person, irrespective of

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

tclanus) may be stated under the head of "contributory." approved by Committee on Nomenclature "E.haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.haustion," "Heart failure," "Haemorrhage," unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondar, Chronic interstitial nephritis, Whooping cough; "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ass important. Example: Measles (disease Chronic valvular heart disease; nephrilis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1PLACE OF	DEATH			00575	STATE	OF MARY
County Ya	me.			107-00	CERTIFI	CATE OF
		_	-1		Regis	tration Dist. No
Village or City 2FULL N	AME Par	Jone 1	Mc Penn	Oferci	St.:	Ward) (If do not have took took stead number
PERSONAL	AND STATISTIC	CAL PARTIC	JLARS	MEDIC	CAL CERTIFI	CATE OF DE
3 SEX 4 C	DLOR OR RACE	5 SINGLE, MARRIED, WIDOWED. OR DIVORCE/C (Write the world	Su, en	16 DATE OF DEATH	Jan	
6 DATE OF BIRTH	w and	(Write the word		17 I HEREB		nth)(Day) hat I attended t
	(Month)	(Day)	, 1930 (Year)	that I last saw h	192 to	0
7 AGE	yrs. 2 n	nos. 22 de	If LESS than I day hrs. or min.?	and that death occu		
(a) Trade, profession particular kind of the	of industry hment in) area		(Nice	to Vara	on)yrs
9 BIRTHPLACE (State or country)	Ya.	un la	ma	Contributory Secondary	(Dural	ion) ,yrs
10 NAME OF FATHER	Rollia	Sterin	7	(Signed) 77 9	Address)	Caren
OF FATHER Z (State or count		. C. m.	ny dand		is ase Causing tate (1) Mean	Death, or, in sof Injury an
12 MAIDEN NAM OF MOTHER	Hazae	- Ban	and	18 LENGTH OF RE		r Hospitals, In
13 BIRTHPLACE OF MOTHER (State or Count	- Albin	no W.	Ta	At place of deathyrs	mosds.	In the Stateyr
(Informant)	alone A	Terens	7	Former or usual residence		······································
(Address)	7-		57-14	Oasel and	med	an
15 Filed an	193	lea/Co	Registra	20 UNDERTAKER	wheles	- P. Qu
16	more banks ard	needed, addre.s	Ltate Registra	r, 16 W. Saratoga St.,	Balto., Reques	ting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
192 to, 192
that I last saw halive on, 192,
and that death occurred on the date stated above, at 6 00 4 m. The CAUSE OF DEATH * was as follows:
Dance to Personne
(Dieg why seem)
(Duration)yrsmosde,
Contributory Secondary
(Signed) 79 A Garage M. D. (Signed) 2 1931 (Address) Carego mel
*State the l'is/ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place of deathyrsmosds. In the Stateyrsmosds.
Where was disease contracted, if not at place of dea.h?
Former or usual residence
Ossissed med Date of Burial
20 UNDERTAKER ADDRESS OF BOARD OF DESCRIPTION OF THE PROPERTY

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (o) Salesman, should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housenwid, etc. If the occupation has been changed g ged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an Civil engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). For persons who have no occupation Stationary firemon, etc. But in many (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the Distance Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-tever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia,"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,");

telanus) may be stated under the head of "contributory." stated unless important. Example: Mcasles (disease "PUERPERAL seplicacmia," "PUERPERAL perilonilis, "Debility" ("Congenital," "Senile," etc.), "Drepsy, "E:haustion," "Heart failure," "Haemorrhage, "Inamition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Mcasles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on as fracture of skull, and consequences (c. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny can be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway troin-State cause for which surgical operation was under-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as " "Weakness," etc., when a definite disease Chronic etc. The contributory affection valvular heart Nomenclature of the need disease; not be

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7. S. No. 1

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PLACE OF DEATH	00550 STATE OF MARYLAND
County Harrell	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City / ditameller (No.	
Village or City / My Miller (No.	a hospital er institu-
2FULL NAME Selle Of Stain	stend of street and number.)
FOLL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OF RACE 5 SINGLE, MARRIED, ZMAGO	16 OATE OF DEATH 9
female While WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That attended the deceased from
Q~ - 8 98/	Jan 3 1931. to Jan 12, 1931.
(Month) (Day) (Year)	that I last sew h lv alive on / Jan . / Z 183/.
7 AGE	and that doeth occured on the date stated above, at
I dayhrs.	The CAUSE OF DEATH * was as follows;
yrs. mos. ds. or min.?	
(a) Trade, profession or	Congental anomaly of Alast
particular kind of work	1
(b) General nature of industry business, or establishment in	(Duntin)
which employed or (employer)	(Durstion) yrs. mos. de,
9 BIRTHPLACE (State or country) / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Contributory Secondary
Janymule His	(Duration) yrs mos dis
10 NAME OF PATHER OF PATHER	(Signed) U. A. J. Clar M. D.
11 BIRTHPLACE	Jan. 13 195/ (Address) Blaine W
1 9/1	*State the Disease Causing Death, or, in deaths from Violent Causas, state (1) Means of Injury and (2) whether
OF FATHER (State or country) Slame Ava	Accidental, Suicidal or Homicidal.
of MOTHER Munic Harber	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At plece In the
(State or country) wildsmiller & De	of deeth yrs nos ds. State yrs nos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
Truman Abita ero	Former or usual residence
(Informant) Suman / Sauces	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Kitymiller Fra	Elk Garden N/2 San 14. 1931
15 bull 3 well a MRaniel	20 UNDERTAKER ADDRESS
Filed four / 3 193/ Cf & Constell Registras	Offia F Sharpless Blaine We.
If more banks are needed, address State Registras	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

lired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook er," etc., Williams, Laborer-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. the first line will be sufficient, e.g., Farmer or Planter, Dissission. Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." "Heal-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foremun, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully without more precise specification as Duy For persons who have no occupation the kind of work and also (b) the Salcsman. -Coal mine, etc. But in many (2) (iroury) Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croch"); Spinal meningitis"); Diphtheria (avoid use of "Croch"); "phoold fever (never report "Typhoid Pneumonia"); "bar pneumonia. Bronchopneumonia ("Pneumonia,");

permanently filed.

answered in detail, it will prevent further correspondence. A. Ithe data is essential and must be obtained before the cortificate is

American Medical Association.) "(Exhaustion, " "Heart Range, " Old Age, " "Shock," "Inanition, " "Marasmus, " "Old Age, " "Shock," " " " Weakness," etc., when a definite disease " " " Always qualify all stated unless important. Example: Measles (disease If this certificate is looked over thoroughly and all questions approved by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomas fracture of skull, and consequences (e. g., sequences) telements) may be stated under the head of "contributory." curbolic acid-probably smeade. The nature of the injury, accident; Revolver wound of head -homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) Chronic interstitial nephrilis, Whooping cough; use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drouning; Struck by railway train Recommendations on statement of cause of (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Chronic etc. affection need valvular heart Nomenclature The contributory Sarcoma,, etc., of Measles; disease, not be